

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10674590
APPLICANT(S)

FILING DATE

3115706

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
1		/			
2		/			
3			/		
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TOTAL IND.		3			
TOTAL DEP.		7			
TOTAL CLAIMS		10			

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL CLAIMS				